

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street, Room 1130
Sacramento, CA 95814
Telephone (916) 445-2021

WEBSITE ADDRESS:
<http://caag.state.ca.us/charities/>

2001
REGISTRATION/RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code
11 CCR Sections 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period will result in the loss of your tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1 (recently enacted).

RRF-1 EXTENSIONS WILL NOT BE GRANTED

Enter State Charity Registration Number, Name, and Address of Organization Below:

State Charity Registration Number CT 112204

Check if:

- ☐ Change of address
☐ Initial report
☒ Amended report
☐ Final report

JUSTGIVE, INC.

Name of Organization

2787 CALIFORNIA STREET, 2ND FLOOR

Address (number and street)

Corporate or Organization No. 2075991

SAN FRANCISCO, CA 94115

City or town, State, and ZIP code

Federal Employer I.D. No. 94-3331010

PART A - ACTIVITIES

1.	During your most recent full accounting period did your gross receipts or total assets exceed \$100,000 or more?	Yes	No
		X	
(a)	If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.		
2.	For your most recent full accounting period (beginning <u>03/01/2000</u> ending <u>02/28/2001</u>) list:		
	Gross receipts \$ <u>936,959.</u>	Total assets \$ <u>284,845.</u>	Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	Yes	No
			X
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a professional fundraiser or fundraising counsel used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X

Organization's area code and telephone number (415) 202-9740

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer Kendall Webb Printed Name Kendall Webb Title CEO Date 7/12/01

RECEIVED
JUL 16 2001
Attorney General's
Registry of Charitable Trusts

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P.O. Box 903447
Sacramento, CA 94203-4470

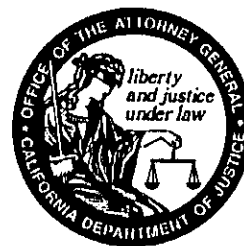
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JUSTGIVE

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Address (Number and Street)

SAN FRANCISCO, CA 94115

City or Town, State and ZIP Code

Check If:
☐ Change of address
☐ Initial report
☐ Amended report
☐ Final report

Corporate or Organization No. 2075991

Federal Employer I.D. No. 94-3331010

PART A - ACTIVITIES

1.	During your most recent full accounting period did your gross receipts or total assets equal \$100,000 or more?	Yes	No
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
(a) If the answer is yes, you are required by Title 11 of the California Code of Regulations, §§311 and 312, to attach a check in the amount of \$25.00 to this report. Make check payable to Department of Justice.			
2.	For your most recent full accounting period (beginning <u>03</u> <u>01</u> <u>00</u> ending <u>02</u> <u>28</u> <u>01</u>) list: Gross receipts \$ <u>582,203</u> Total assets <u>265,631</u> Actual <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 Instructions for information required.

1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	Yes	No
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	During this reporting period, did nonprogram expenditures exceed at least 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number (415) 202 - 9740

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Kendall Webb Kendall Webb President 5/21/01
Signature of authorized officer Printed Name Title Date

MAY 21 2001

WEDNESDAY

MAY 21 2001

1999

WEDNESDAY

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